

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	AM ZM	896 927	07/02/01 06/14/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date							
Final	1	3	5	7	11	13	15	17
Original	2	4	6	8	10	12	14	16
	10/01/01	10/02/01	10/03/01	10/04/01	10/05/01	10/06/01	10/07/01	10/08/01
1	✓	✓	✓	✓				
2	✓	✓	✓	✓				
3	✓	✓	✓	✓				
4	N							
5	N							
6	N							
7	N							
8	N							
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11	0	✓	✓	✓				
12	0	✓	✓	✓				
13	0	✓	✓	✓				
14	✓	✓	✓	✓				
15	✓	✓	✓	✓				
16	✓	✓	✓	✓				
17	N							
18	N							
19	N							
20	✓	✓	✓	✓				
21	✓	✓	✓	✓				
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If more than 150 claims or 10 actions
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47	100							

Claim	Date							
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Original	102							
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24/03/01

If more than 150 claims or 10 actions
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